



REQUEST FOR APPROVAL OF NEW / REVISED FORM

State Form 36040 (R9 / 6-08)

NEW FORMS - Attach a proposed version.

REVISIONS - Attach a copy of the latest revision with all changes noted in red ink.

Agency Forms Coordinator must initial this form signifying review and approval.

PART ONE AGENCY INFORMATION		
Name of agency forms coordinator	Initial	Telephone number
Name and address of agency (room number, street, city, ZIP code)		Date submitted (month, day, year)
Agency number		Delivery requested (month, day, year)
Name of requester	Initial	Telephone number

PART TWO FORM INFORMATION			
Approval requested for: <input type="checkbox"/> New form <input type="checkbox"/> Revised State form	Form title (If a new form, provide suggested title.)		State form number
Artwork to be provided by: <input type="checkbox"/> ICPR Forms Design <input type="checkbox"/> Agency (attach or e-mail electronic copy) <input type="checkbox"/> Vendor			Estimated annual usage
Size	Number of pages / sheets / plies	How is form completed? <input type="checkbox"/> Hand <input type="checkbox"/> Typewriter <input type="checkbox"/> Electronically	Is this form used with a window envelope? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the form involve the accounting of money? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has this form been submitted for: <input type="checkbox"/> State Board of Accounts approval <input type="checkbox"/> Auditor of State approval		If yes, send ICPR copies of both the approval memo and the approved form.
An electronic copy of this form will be placed on the State Forms Catalog. Who should have access to this form? Who will complete this form? <input type="checkbox"/> General public <input type="checkbox"/> State employees <input type="checkbox"/> Restricted access / other (please specify) _____			
In what format should this file be stored? <input type="checkbox"/> Fillable PDF <input type="checkbox"/> Non-fillable PDF <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Other _____			
Are you asking for Social Security number? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is it: <input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory	Applicable State / federal statute(s)	
Are you asking for confidential information? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, under what State / federal statute or promulgated rule is this covered?		
Will any other agency use this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what agency?		
Is any data copied onto / from other forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list title(s) and state form numbers.		
Is the record microfilmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is any information printed on this form by a line printer? If Yes, please attach specifics. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is form part of an existing record series? (for Retention Schedule) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the series number / title?		

PART THREE If this form will be produced by a printing vendor, please provide the following information:						
Form construction: <input type="checkbox"/> Single flat sheet <input type="checkbox"/> Unit set (carbonless or carbon) <input type="checkbox"/> Booklets / Bond set <input type="checkbox"/> Envelope <input type="checkbox"/> w/ window				<input type="checkbox"/> Tags / Label <input type="checkbox"/> Receipt <input type="checkbox"/> Continuous <input type="checkbox"/> Self-mailer <input type="checkbox"/> Ledger <input type="checkbox"/> Check / Warrant		Type of paper (if known)
PLY SEQUENCE		COPY F = Front B = Back	Will the form be padded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sheets per pad	Will the form be carbonless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
No.	COLOR	DISTRIBUTION	Will the form be perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of perforation <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Will the form have carbon paper interleaves? <input type="checkbox"/> Black impression <input type="checkbox"/> Blue impression	
1		<input type="checkbox"/> F <input type="checkbox"/> B	Will the form be numbered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Numbered on: <input type="checkbox"/> Top ply <input type="checkbox"/> All plies	Beginning number	
2		<input type="checkbox"/> F <input type="checkbox"/> B	Will the form have holes punched? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of holes (send sample) <input type="checkbox"/> 3 hole <input type="checkbox"/> 5 hole <input type="checkbox"/> Post hole <input type="checkbox"/> Acco type <input type="checkbox"/> Other _____		
3		<input type="checkbox"/> F <input type="checkbox"/> B				
4		<input type="checkbox"/> F <input type="checkbox"/> B				
5		<input type="checkbox"/> F <input type="checkbox"/> B				
6		<input type="checkbox"/> F <input type="checkbox"/> B				
Comments: -----						

PART FOUR FOR INDIANA COMMISSION ON PUBLIC RECORDS USE ONLY			
This request for a: <input type="checkbox"/> New <input type="checkbox"/> Revised		form is: <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Denied	
Name of person from agency supplying information	Name of evaluator	Evaluator's telephone number	Date of evaluation (month, day, year)
Comments: -----			

DISTRIBUTION: Original - Forms Management; Copy - Requesting agency; Copy - Agency Coordinator